



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4608 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☐ No

### COMMITTEE INFORMATION

|   |   |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name<br><b>COMMITTEE TO RE-ELECT ROXANNE KEHL</b>                     | 3. Committee Telephone Number<br><b>317 691-2635</b>      |
| 2. Acronym or Abbreviated Name (if any)   |   |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address<br><b>7655 CONCORD LANE</b> |   |
| 5. City, State, ZIP Code<br><b>FISHERS IN 46038</b>   | 6. Party Affiliation (if applicable)<br><b>REPUBLICAN</b> |

### CANDIDATE INFORMATION (For Candidate's Committees Only)

|   |   |
|---|---|
| 7. Full Name of Candidate (include any nickname)<br><b>ROXANNE KEHL</b>   | 8. Party Affiliation or If Independent Candidate<br><b>REPUBLICAN</b> |
| 9. Office Sought (include district number, if any. Not required for exploratory committee.)<br><b>DELAWARE TOWNSHIP BOARD</b> | 10. County of Residence<br><b>HAMILTON</b>                            |

### TYPE OF REPORT

11. Check one:  
☒ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be 00) ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:  
☐ Pre-Convention  
☐ Post-Convention

|  |                         |                          |
|--|-------------------------|--------------------------|
| 12. Reporting Period:<br>From: <b>JANUARY 27, 2006</b> Through: <b>APRIL 9, 2006</b> | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period.          | 0                       |                          |
| 14. Cash on hand and investments January 1, current year.                            |                         | 0                        |

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

|   |          |        |
|---|----------|--------|
| 15a. Itemized (use Schedule A)  | 360.00   | 360.00 |
| 15b. Unitemized   | 500.00   | 150.00 |
| 15c. Add lines 15a and 15b in both columns                            | SUBTOTAL |        |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL    | 600.00 |

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

|   |          |        |
|---|----------|--------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C)  | 52.30    | 52.30  |
| 17b. Unitemized   | 52.30    | 52.30  |
| 17c. Add lines 17a and 17b in both columns  | SUBTOTAL |        |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL    | 547.70 |
| 19. Debts OWED BY the committee (use Schedule D)  |          |        |
| 20. Debts OWED TO the committee (use Schedule E)  |          |        |

### CERTIFICATION

Signature on File

FOR OFFICE USE ONLY

APR 12 2006 PM 1:26

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**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS**  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts related to ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                      | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. BRUCE FLYNN<br>10031 E. 126th ST.<br>FISHERS, IN 46038<br><br>Contributor's Occupation (if required) <u>INSURANCE AGENT</u> | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 150.00                            | 150.00                                 | 3/13/2006<br>JH                 |
| 2. ROXANNE KEHL<br>8645 SOUTH STREET<br>FISHERS, IN 46038<br><br>Contributor's Occupation (if required) _____                  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 200.00                            | 200.00                                 | 1/27/2006<br>JH                 |
| 3. _____<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 4. _____<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 5. _____<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 350.00                         |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                       |   | \$ 350.00                         |  |                                 |